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**VETERANS TREATMENT COURT**  
**Inquiry Form**

Defendant Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Social Security # \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Courtroom: \_\_\_\_\_ Case # \_\_\_\_\_

Charge(s): \_\_\_\_\_

Attorney's Name: \_\_\_\_\_ FAX# \_\_\_\_\_

Attorney's Cell and Email: \_\_\_\_\_

Prosecutor: \_\_\_\_\_ Judge: \_\_\_\_\_

Next Court Date: \_\_\_\_\_

Does Defendant already receive VA services? \_\_\_\_\_

What kind? \_\_\_\_\_

Branch and date(s) of service: \_\_\_\_\_